

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2	1	1				
3						
4	1	1				
5						
6	1					
7		1				
8		1				
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47		1				
48		1				
49		1				
50		1				
TOTAL IND.			1	1	1	1
TOTAL DEP.		1	1	1	1	1
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.			1	1	1	1
TOTAL DEP.		1	1	1	1	1
TOTAL CLAIMS						